regular sleeplessness symptoms and insomnia/SD. More women were affected; 67% of patients age 65-74 (2.5 M) and 73% of patients age 75+ (1.9 M) were female (p's<0.05). Approximately 1.1 M patients age 65+ self-reported using a product containing DPH/DOX. Women were more likely to use DPH/DOX than men (21% (526 K) vs. 12% (150 K) age 65-74 (p<0.05); 19% (348 K) vs. 11% age 75+ (76 K) (p>0.05)). However, men using DPH/DOX reported taking it more mean days per month (14.4 vs. 11.3 age 65-74 (p<0.05); 18.4 vs. 13.7 age 75+ (p>0.05)). **CONCLUSIONS:** An estimated one million adults age 65+ self-reported using DPH/DOX, many on a regular basis. Women composed a larger proportion of users, though men reported using these products more frequently. Further study on the use and safety of these OTC agents in older populations is recommended.

PND52

BURDEN OF ILLNESS FOR PATIENTS WITH FAMILIAL AMYLOIDOTIC POLYNEUROPATHY (FAP) BEGINS EARLY AND INCREASES WITH DISEASE PROGRESSION

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OBJECTIVES: Familial Amyloidotic Polyneuropathy (FAP) is a rare, inherited, progressively debilitating disease with a high unmet medical need. The purpose of this analysis is to assess the impact of FAP on healthcare resource utilization, quality of life, employment status, and activities of daily living (ADLs). **METHODS:** A Phase 2 open-label extension study of patisiran in FAP patients was utilized to collect patient-reported outcomes, including EQ-5D, Rasch-built Overall Disability Scale (R-ODS), and a healthcare resource utilization questionnaire. **RESULTS:** The study included 27 patients, 18 males and 9 females, 29-77 years of age. Baseline data are presented for 14 patients with a Polyneuropathy Disability (PND) Score I and 13 patients with a PND Score ≥ II. Characterized by FAP Stage, 24 patients are FAP Stage 1 and 3 patients are FAP Stage 2. Two patients (PND Score ≥ II) reported a total of six hospitalizations due to FAP in the past 12 months, each for 3 or more nights in duration. Mean EQ-5D scores were 0.82 (PND Score I) and 0.74 (PND Score ≥ II). Patients reported their perceived health status on the EQ-VAS with mean scores of 75 (PND Score I) and 60 (PND Score ≥ II). Ten patients (8/10 PND Score ≥ II) reported they cannot work because of FAP. Patients also reported inability to perform various ADLs. Most commonly, 77% of patients with PND Score ≥ II cannot stand for hours (14% in PND Score I) and 69% cannot run (21% in PND Score I). **CONCLUSIONS:** FAP patients experience considerable burden of illness early in the course of disease and this burden increases with disease progression. The factors described will be influential in the development of a comprehensive FAP cost-consequence analysis. Additional parameters may also be needed to fully capture the totality of burden.

PND53

A NOVEL CONCEPTUAL MODEL OF CYSTIC FIBROSIS BASED ON QUALITATIVE PATIENT RESEARCH

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OBJECTIVES: Despite the wealth of qualitative studies exploring the experiences of patients with cystic fibrosis (CF), currently no conceptual model of CF exists. Conceptual models are a valuable way to communicate relevant patient-centered concepts and the relationships between them, and form an important framework for understanding what to measure in clinical trials and practice. This study aimed to use patient-derived qualitative insights to develop a conceptual model of CF. **METHODS:** A targeted literature review was performed to identify qualitative studies describing the lived-experience of patients (aged ≥ 6 years) with CF. CF social media forums were also reviewed to supplement the published data by providing patient-derived quotes where none existed in the literature. Data were coded using Atlas.Ti software, and analysed to develop the conceptual model. Where possible, any differences in concepts according to age were identified. **RESULTS:** 31 qualitative articles and 26 social media entries were reviewed, containing data from patients aged 6-67 years. Data from these sources were synthesized to develop a conceptual model of CF, comprising: 23 symptom concepts categorized into 3 domains (respiratory, gastrointestinal/urinary, flu-like symptoms), 28 impact concepts categorised into 9 domains (social, financial difficulties, psychological, future concerns, daily activities, emotional, physical functioning, work or school, sleep), and 5 treatment satisfaction concepts categorised into 2 domains (satisfaction with treatment administration, treatment adherence). Differences in impact concepts were apparent based on the patient's age, e.g. bullying was only reported by children and financial issues only by adults. **CONCLUSIONS:** To our knowledge, this is the first patient-centered conceptual model for CF, reflecting the symptom and impact burdens of CF on patients' lives as identified through qualitative patient-derived data. As such, this model provides an important critical framework to assess the conceptual relevance and patient-centeredness of outcome assessments ahead of selection for future clinical trials and clinical practice.

PND54

AWARENESS AND KNOWLEDGE OF FOLIC ACID INTAKE FOR THE PREVENTION OF NEURAL TUBE DEFECTS AMONG WOMEN OF CHILDBEARING AGE

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OBJECTIVES: To assess the factors that affect taking folic acid supplements among women of childbearing age. **METHODS:** A cross-sectional online survey was conducted among women of childbearing age at West Virginia University (n=179) from January to March 2014. Multinomial logistic regression model was used to examine the factors that affect taking folic acid supplements. **RESULTS:** Around 42% of participants reported taking folic acid supplements. Factors that were associated with folic acid supplements use included awareness that folic acid prevent neural tube defects and perceived benefits that folic acid can prevent neural tube defects, and receiving advice from the doctor about using birth control. **CONCLUSIONS:** Although the women in this survey were aware and have knowledge that folic acid prevent birth defects; a large number of them reported not taking folic acid supplements. The reported consumption of folic acid was associated with the awareness and perceived benefits that folic acid use prevent NTDs. Therefore, it is important to raise awareness about the beneficial effects of folic acid use among women of childbearing age.

PND55

QUALITY-OF-LIFE PREDICTORS OF TREATMENT CONTINUATION ON ESLICARBAZEPINE ACETATE MONOTHERAPY AMONG SUBJECTS WITH REFRACTORY PARTIAL-ONSET SEIZURES

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OBJECTIVES: To examine quality-of-life (QOL) predictors of treatment continuation on eslicarbazepine acetate (ESL) monotherapy (1200 or 1600 mg/day) among subjects with partial epilepsy not well-controlled by current anti-epileptic drugs (AEDs). **METHODS:** Analysis of efficacy and QOL data from the pooled per-protocol population (n=200) of two 18-week randomized clinical trials of ESL (045 and 046), both with an 8-week taper/conversion period and a 10-week efficacy period. The primary efficacy endpoint for these trials was study exit due to: worsening seizure type, increased seizure frequency (SF), or investigator judgment. Predictors of monotherapy treatment continuation after 10 weeks were examined using stepwise logistic regression. Covariates included ESL dose, demographics, disease duration, baseline SF, baseline AEDs, number of AEDs, change in SF, and changes in the QOLIE-31 subscale scores (Cognitive Functioning, Emotional Well-being, Energy/Fatigue, Medication Effects, Overall QOL, Seizure Worry [SW], and Social Functioning) during the taper/conversion period. A separate model included change in SF to test whether predictors were independent of efficacy during taper/conversion. **RESULTS:** Change in SW during the 8-week taper/conversion period was the only predictor of remaining on ESL monotherapy. Mean change was 9.6 (SD: 20.98) for 181 subjects remaining on monotherapy, indicating a reduction in worry. Mean change for 19 subjects who exited was -4.8 (SD: 20.79). Each point improvement in SW was associated with a 4% increase in the odds of remaining on monotherapy (odds ratio [OR]: 1.04; 95% CI: 1.01, 1.06). Results were similar with inclusion of SF change in this model (OR: 1.03; 95% CI: 1.01, 1.06). **CONCLUSIONS:** In this pooled, per-protocol population analysis, change in a subject's level of seizure worry was moderately predictive of remaining on ESL monotherapy. This may be a surrogate for severity of epilepsy and the value of such predictors needs additional research and assessment.

PND56

TREATMENT SATISFACTION AMONG PATIENTS TREATED WITH MONOTHERAPY AND ADJUNCTIVE ANTIEPILEPTIC DRUG THERAPIES

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OBJECTIVES: Research examining epilepsy treatment satisfaction is lacking. The aim of this study is to compare treatment satisfaction among patients with epilepsy treated either with monotherapy or adjunctive therapy. **METHODS:** Data from the 2011-2013 U.S. National Health and Wellness Survey (NHWS) were analyzed. The NHWS is a self-administered, internet-based survey of a nationwide sample of adults stratified to represent the demographic composition of the U.S. population. Patients who reported being treated with an antiepileptic drug (AED) for epilepsy were grouped as using monotherapy (one Rx) or adjunctive AED therapy (two or more Rxs). Patients provided information on treatment satisfaction with current epilepsy prescription medication (1 [extremely dissatisfied] to 7 [extremely satisfied]), demographics, and health characteristics (e.g., age, comorbidities [Charlson comorbidity index], epilepsy severity). Pairwise comparisons (Bonferroni adjusted) examined whether patients on monotherapy vs. adjunctive therapy differed in treatment satisfaction. **RESULTS:** Among 1,126 epilepsy patients (mean age=46.33; 47.70% female), 744 were on monotherapy (66.07%), 286 on two AEDs (25.40%), 65 on three AEDs (5.77%), and 31 on four or more AEDs (2.75%). Compared to monotherapy patients, treatment of patients with an increasing number of concomitant AEDs was associated with greater comorbidity burden (4+Rxs: 3.00 vs. monotherapy: 0.93), higher percentage of severe epilepsy (4+Rxs: 41.90% vs. monotherapy: 10.60%), and higher seizure frequency (4+Rxs: 35.50% vs. monotherapy: 7.30% for frequency > 1/week), all p<.05. Patients on monotherapy (5.93) had higher treatment satisfaction than patients on adjunctive therapy (4+Rxs: 4.78), p<.05. Additionally, among adjunctive therapy patients, those on 2Rxs (5.79) had higher satisfaction than those on 4+Rxs (4.78), p<.05. **CONCLUSIONS:** In this study, monotherapy patients were more satisfied with their epilepsy treatment than adjunctive therapy users. The lower satisfaction levels among adjunctively-treated patients may be associated with the number of concomitant AEDs, seizure severity or frequency, comorbid conditions, or a combination of these factors.

PND57

QUALITY OF LIFE IN NEUROMYELITIS OPTICA: A SYSTEMATIC REVIEW

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OBJECTIVES: Neuromyelitis optica (NMO) is an inflammatory CNS disease, that presents with severe optic neuritis and transverse myelitis. It is often accompanied by severe motor and sensory disability. In the past few years, NMO has gained lot of interest and shares a controversial relationship with multiple sclerosis (MS). It is not yet known whether NMO differs in its effect on quality of life (QoL) when compared with MS. We aimed to evaluate the QoL in patients with NMO by conducting a systematic